GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH



CLEAN HANDS SELF CERTIFICATION

TO THE APPLICANT: Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to deny the license for which you are now applying, or revoke a license which you already have, and fine you \$1,000.00. THIS CERTIFICATION is required by the "Clean Hands before receiving a license or permit Act of 1996" (EFFECTIVE MAY 11, 1996, D.C. LAW 11-118, D.C. CODE §47-2861 et seq.).

I, , a		, as	as certify that		as of
,	Print Name Clearly	(owner/partner/corpor	rate officer)	(Business Name)	
trading as_	(Trade Name)	at(Business Name)	, using license #	(DOH License Number)	as of
this date result of:	(DATE), does	not owe more than \$100.00 i	n outstanding debt		
1.	_	terest assessed pursuant to the Law 6-100; D.C. Code § 6-2		ministration Action of 1985	s, effective
2.	Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);				
3.	Fines, penalties, or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infraction Act 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or				
4.	Past due taxes owed to the Office of Tax and Revue pursuant to Title 47 of the DC Code; or				
5.	Past due District of Columbia Water and Sewer Authority services fees pursuant to Title 34 Chapter 22 and 24 of the DC Code (2001 ed.); or				
6.	Fines, penalties or into (2001 ed.).	erest assessed pursuant to Tra	ffic Adjudication A	Act, Title 50 Chapter 23 of	the DC Code
I am apply	ing, and to fine me \$1,0	lsify this Certification, the Do 000.00. I further understand that ained in this <i>Clean Hands S</i>	hat the Departmen	t may conduct an investigat	
		is now required as document cation, I am not guaranteed the			se or permit,
	SIGNATURE OF APPLICAN	TITLE		DATE	

RETURN WITH THE APPLICATION TO:

The Department of Health, Health Regulation and Licensing Administration, Intermediate Care Facilities Division, 899 North Capitol Street N.E., Second Floor, Washington, D.C. 20002 Phone (202) 724.8800.

YOU CAN MAKE A DIFFERENCE! Report Violations of fraud, waste, abuse, and mismanagement in DC Government to the Office of the Inspector General (OIG) by FAXING to OIG at (202) 727-9864 or calling the OIG HOTLINE at (202) 727-0267. All calls are CONFIDENTIAL.